

PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|--------------------|
| Application Number | 10/660,465 |
| Filing Date | September 10, 2003 |
| First Named Inventor | WENZ, ROBERT |
| Art Unit | 3761 |
| Examiner Name | DAVID L SORKIN |
| Attorney Docket Number | 019433-000320US |

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 1 copy of PCT International Search Report 2 References |
|--|---|--|

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| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------|------------------------------------|
| Firm Name | Townsend and Townsend and Crew LLP |
| Signature | |
| Printed name | James M. Heslin |
| Date | October 25, 2005 |

| | |
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| Reg. No. | 29,541 |
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Typed or printed name

Jennifer O'Brien

Date

October 25, 2005

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On 10-25-2005

TOWNSEND and TOWNSEND and CREW LLP

By:


Jennifer O'Brien



PATENT
Attorney Docket No.: 019433-000320US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

DR. ROBERT WENZ et al.

Application No.: 10/660,465

Filed: September 10, 2003

For: APPARATUS AND METHODS
FOR MIXING TWO COMPONENTS

Examiner: DAVID L SORKIN

Art Unit: 3761

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed.

Also enclosed is a copy of the Search/Examination report corresponding to the related PCT application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

10/28/2005 ZJUHR1 00000019 201430 10660465

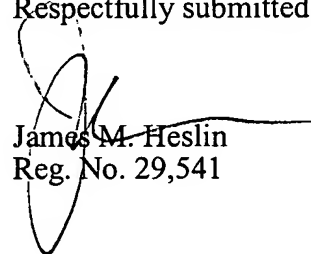
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As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

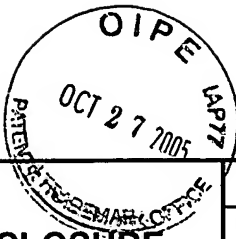
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin
Reg. No. 29,541

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Substitute for form 1449A&B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

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| First Named Inventor | WENZ, ROBERT |
| Art Unit | 3761 |
| Examiner Name | DAVID L SORKIN |
| Attorney Docket Number | 019433-000320US |

U.S. PATENT DOCUMENTS+

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| | | Number Kind Code ² (if known) | | | |
| | 1 | 3,144,966 | 08-18-1964 | Cook | |
| | 2 | 3,437,242 | 04-08-1969 | Poitras | |
| | 3 | 4,826,047 | 05-02-1989 | Heflin | |
| | 4 | 5,429,603 | 07-04-1995 | Morris | |

FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
|-----------------------|--------------------------|---------------------------|---------------------|-----------------------------------|--------------------------------|---|--|-------------------------------------|
| | | Country Code ³ | Number ⁴ | Kind Code ⁵ (if known) | | | | |
| | 5 | DE | 34 39 975 | A | 06-20-1985 | Upat Max Langensiepen KG | | <input checked="" type="checkbox"/> |
| | 6 | EP | 0 188 981 | A | 07-30-1986 | Bosson et al. | | <input checked="" type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> |
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NON PATENT LITERATURE DOCUMENTS

| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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| | | | |

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.